

First Appearance Court Order

20th Judicial Circuit

Lee County, Florida

Defendant: Robinson, Teresa Ann Ms.

Aliases:

Case Numbers: 14-019424CF

Jacket Number: 317001

Arrest Number: 790727

Roll Case:

The State must, within 24 hours, establish probable cause on each charge or release the defendant. The Court does hereby find probable cause on the following charges and RELEASE CONDITIONS. The defendant acknowledges that he/she has been advised of the right to be represented by an attorney now, and at all other CRITICAL STAGES and of the rights on the plea form, and that this plea, conviction and sentence is acceptable. The defendant understands that this conviction may be used on a subsequent felony score sheet and may be considered for purposes of deportation.

On Thursday, December 04, 2014, the defendant has been advised he or she is under arrest for the following charges:

PC	Charge	Release	Sentence	Court Appearance
Yes	Cruelty Toward Child Abuse Child Without Great Bodily Harm F-827.03.2c 14-019424CF Felony	Release: Bond Bond: \$35,000.00 Type: Cash/Surety Plea:		Date: 1/5/2015 Time: 8:30 AM Room: 4-A Type: Arraignment

Counsel: Defendant declined the services of the Public Defender **Name:**

ASA: Erin Mclean - Bar #113019

Diversion:	
Conditions:	
Probation:	
Other:	

NO CONTACT ORDER IN THE ABOVE CASE(S)
<input checked="" type="checkbox"/> No Direct/Indirect Contact with: [REDACTED]
Case Number: DOB [REDACTED] Race: [REDACTED] Gender: [REDACTED] Address:
<i>Indirect contact includes but is not limited to mail, email, fax, telephone, text messaging, contact through another person, or in any other manner.</i>
This order shall continue in effect until disposition of the case or until modified by a court with jurisdiction over the case. Robinson, Teresa Ann Ms. was informed of this No Contact Order at First Appearance.
ANY VIOLATION OF THIS ORDER BY ROBINSON, TERESA ANN MS. MAY RESULT IN ARREST WITHOUT BOND UNTIL FIRST APPEARANCE.

DEFENDANT'S OBLIGATIONS IF THE PUBLIC DEFENDER IS APPOINTED:

- Pursuant to Florida Statute 27.52, if the defendant has applied for the services of the Public Defender, a fifty dollar (\$50) application fee must be paid within seven (7) days to the Clerk of the Court (on the 1st floor of the Justice Center).
- The defendant is responsible for contacting the Public Defender's office at (239)533-2911 to (a) find out the name of his/her attorney, (b) obtain court dates, and (c) advise his/her attorney of any change to address or phone number.

No further notice of court dates will be given to the defendant by the clerk or the judge. The defendant shall be in court at the time noted above and thereafter as directed or a bench warrant and an estreatment of the bond will be issued. The defendant shall be provided with a copy of this Court Order at time of release from the jail.

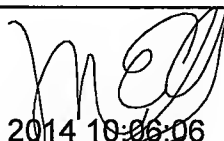
Defendant: Robinson, Teresa Ann Ms.

First Appearance Court Order

Case Number(s): 14-019424CF

Applications for the services of the Public Defender can be completed at the Lee County Pretrial Services Department located in the Justice Center, 3rd floor, 1700 Monroe Street, Fort Myers, FL 33901. Pretrial Services can be reached at **(239)533-8400**.

Mandatory assessments are imposed and shall be included in the judgment without regard to whether the assessment was announced in open court.


Thu Dec 4 2014 16:06:06

Maria E. Gonzalez
Judge, Lee County Florida

ORIGINAL

ORIGINAL

ARREST / NOTICE TO APPEAR

1. Arrest

2. Notice To Appear

1

Juvenile

OBT NUMBER 3607094892		Cape Coral Police Department		14-018023		290221	
AGENCY ORI NUMBER F L 0 3 6 0 2 0 0		CLERK CASE NUMBERS 14CF019424		AGENCY REPORT NUMBER		AGENCY ARREST NUMBER	
CHARGE TYPE Check as many as apply. <input checked="" type="checkbox"/> 1. FELONY <input type="checkbox"/> 2. TRAFFIC FELONY		<input type="checkbox"/> 3. MISDEMEANOR <input type="checkbox"/> 4. TRAFFIC		<input type="checkbox"/> 5. ORDINANCE <input type="checkbox"/> 6. OTHER		WEAPON SEIZED / TYPE 1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	
LOCATION OF ARREST (Include Name of Business) 3741 NE 15th Pl Cape Coral, FL 33909		LOCATION OF OFFENSE (Business Name, Address) 3741 NE 15th Pl Cape Coral, FL 33909					
DATE OF ARREST 12/3/2014		TIME OF ARREST 2036		BOOKING DATE 12/3/14		BOOKING TIME 2240	
JAIL NUMBER 790221		COUNTY ID NUMBER 317881		OTHER LOCAL NUMBER		FDLE NUMBER	
NAME (Last, First, Middle) Robinson, Teresa Ann Ms		ALIAS					
RACE W - White B - Black		SEX B F		DATE OF BIRTH OR AGE 12/12/1973		HEIGHT 5'03"	
SCARS, MARKS, TATTOOS, UNIQUE PERSONAL FEATURES (Location, Type, Description)		WEIGHT 200		EYE COLOR BRO		HAIR COLOR BLK	
LOCAL ADDRESS (Street, Apt. Number) 3741 NE 15th Pl Cape Coral, FL 33909		(City) (State) (Zip)		PHONE (239)671-1029		INDICATION OF: Alcohol Influence Drug Influence	
PERMANENT ADDRESS (Street, Apt. Number) 3741 NE 15th Pl Cape Coral, FL 33909		(City) (State) (Zip)		PHONE (239)671-1029		RESIDENCE TYPE 1. City 2. County 3. Florida 4. Out-of-State	
BUSINESS ADDRESS (Name, Apt. Number) Dunbar Christian Preschool Fort Myers, FL		(City) (State) (Zip)		PHONE		ADDRESS SOURCE Driver License	
DRIVER'S LICENSE STATE / NUMBER FL R152801739520		SOCIAL SECURITY NUMBER		INS NUMBER		PLACE OF BIRTH Florida, US	
CO-DEFENDANT NAME (Last, First, Middle)		RACE		SEX		DATE OF BIRTH OR AGE	
CO-DEFENDANT NAME (Last, First, Middle)		RACE		SEX		DATE OF BIRTH OR AGE	
CHARGE DESCRIPTION: *CRUELTY TOWARD CHILD - ABUSE CHILD WITHOUT GREAT BODILY HARM - 14CF019424		COUNTS 1		F.S. <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.		STATUTE VIOLATION 827.03(2c)	
BOND \$ 5000.00		GOC Not Applicable		DATE ISSUED		ORDER OF ARREST	
CHARGE DESCRIPTION: ACTIVITY N		DRUG TYPE		AMOUNT / UNIT		GOC	
PC#		CAPIAS		AC		BW	
FW		PW		JUV. PU		CITATION	
DATE ISSUED		Writ. Att		Domestic Violence		Domestic Violence Injury	
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ACTIVITY		DRUG TYPE					

PROBABLE CAUSE STATEMENT

1. Offense <input type="checkbox"/> 2. Arrest <input checked="" type="checkbox"/>		Juvenile <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement <input checked="" type="checkbox"/>																															
Agency ORI Number F L 0 3 6 0 2 0 0		Agency Name Cape Coral Police Department		Agency Report Number 1 4 - 0 1 8 0 2 3																															
Original Date Reported 1 1 0 4 1 4		Case Reference Robinson, Teresa Ann Ms		CLERK CASE NUMBERS 14CF019424																															
<p>On November 5, 2014 the Department of Children and Families received a report in reference to physical injury against [REDACTED] by her foster mother Teresa Ann Robinson of 3741 NE 15th Place, Cape Coral, Lee County, FL.</p> <p>A DCF Child Protection Investigator made contact with [REDACTED] and she attended an emergency appointment at the Children's Advocacy Center based upon visible injuries to the child. During the Medical Assessment at the CAC [REDACTED] disclosed that Robinson "whooped" her; that she was hit with a belt multiple times while in her underwear. [REDACTED] said that Robinson hit her because she wrote a bad word at school that day and was in trouble. When asked if Robinson saw the marks [REDACTED] replied "yes" and that Robinson did not care because of "everything I have put her through" explaining that she "used to be bad." [REDACTED] reported that Robinson hit her with the child's own two belts, a green belt and a yellow belt.</p> <p>[REDACTED] stated that she has been hit by Ms. Robinson in the past and sustained injuries. She said that DCF has been involved but she had lied in the past because "I was scared and I love my mom and I don't want her to go to jail." [REDACTED] said that Robinson told her to wear a turtleneck to school to cover the injuries. She said that the injury to the front of her neck occurred when Robinson was whooping her and she "squirmed."</p> <p>The Medical Assessment report states that [REDACTED] sustained multiple patterned areas of petechial bruises to her upper back, lower back, arms, buttocks, legs, abdomen and neck (including one to the front of her throat) consistent with the history reported of being struck with a belt. It is further documented the "injuries are too numerous to count" and "this represents a case of severe child physical abuse."</p> <p>On December 3, 2014 Cape Coral Police Department Detectives made contact with Teresa Robinson at her residence, 3741 NE 15th Place, Cape Coral, Lee County, FL, and conducted a recorded interview. Robinson denied hitting [REDACTED] and stated that [REDACTED] told her that she fell while on the playground.</p> <p>Based upon the investigation probable cause existed for the arrest of Teresa Ann Robinson, DOB 12/12/73 for the charge of Child Abuse F.S.S. 827.03(2c) ? Felony of the Third Degree and she was arrested for said charge at her residence at the conclusion of the interview. Robinson was later transported to the Lee County Jail in apparent good health.</p>																																			
NARRATIVE / CONTINUATION																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">Report Contains PC for arrest</td> <td colspan="2">Related Report Number(s)</td> </tr> <tr> <td colspan="2">Officer(s) Reporting Rush, Daniel</td> <td colspan="2">ID. Number(s) 851-1326</td> <td>Troop Patrol</td> <td>Date 12/3/2014</td> </tr> <tr> <td colspan="2">Officer Reviewing (if Applicable) Frantz</td> <td>ID. Number 9715</td> <td>Routed To</td> <td>Referred To</td> <td>Assigned To</td> </tr> <tr> <td>Case Status Closed</td> <td>1. Arrest 2. Exceptional</td> <td>3. Unfounded 1</td> <td>A - Adult J - Juvenile A</td> <td>Date Cleared 1 2 0 3 1 4</td> <td>Arrest Number 790727</td> </tr> <tr> <td>Exception Type 1. Extradition Declined</td> <td>2. Arrest on Primary Offense Secondary Offense Without Prosecution</td> <td>3. Death of Offender 4. V/W Refused to Cooperate</td> <td>5. Prosecution Declined 6. Juvenile / No Custody</td> <td>OBTS Number 3607094292</td> <td>Page 2 of 4</td> </tr> </table>						Report Contains PC for arrest				Related Report Number(s)		Officer(s) Reporting Rush, Daniel		ID. Number(s) 851-1326		Troop Patrol	Date 12/3/2014	Officer Reviewing (if Applicable) Frantz		ID. Number 9715	Routed To	Referred To	Assigned To	Case Status Closed	1. Arrest 2. Exceptional	3. Unfounded 1	A - Adult J - Juvenile A	Date Cleared 1 2 0 3 1 4	Arrest Number 790727	Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V/W Refused to Cooperate	5. Prosecution Declined 6. Juvenile / No Custody	OBTS Number 3607094292	Page 2 of 4
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DEFENDANT NAME: Robinson, Teresa Ann Ms

DATE OF ARREST: 12/3/2014

CLERK CASE: 14CF019424

NOTICE TO APPEAR WITNESSES	NAME (Last)		(First)	(Middle)	RACE	SEX	DATE OF BIRTH
	HOME ADDRESS (Street, Apt. Number)				(City)	(State)	(Zip) (Phone)
	CONFIDENTIAL						
	BUSINESS (Name and Address)				(City)	(State)	(Zip) (Phone)
	CONFIDENTIAL						
SYNOPSIS OF TESTIMONY							
Victim of crime.							
DEFENDANT	NAME (Last)		(First)	(Middle)	RACE	SEX	DATE OF BIRTH
	HOME ADDRESS (Street, Apt. Number)				(City)	(State)	(Zip) (Phone)
	BUSINESS (Name and Address)				(City)	(State)	(Zip) (Phone)
	SYNOPSIS OF TESTIMONY						
ADVISORY AND SOLVENCY HEARING	MARITAL STATUS	NO. DEPENDENTS	LENGTH IN COUNTY	PROPERTY OWNER	ADDRESS OF PROPERTY		
	PLACE OF EMPLOYMENT (Name / Address)					LENGTH OF EMPLOYMENT	IF LESS THAN TWO YEARS LIST PREVIOUS
	Dunbar Christian Preschool Fort Myers, FL					YEARS MONTHS	
	PREVIOUS EMPLOYMENT (Name / Address)					ANNUAL INCOME	
						<input type="checkbox"/> Below \$10,000 <input type="checkbox"/> 10,000-15,000 <input type="checkbox"/> 15,000-20,000 <input type="checkbox"/> 20,000-30,000 <input type="checkbox"/> Above 30,000	
<p>THE DEFENDANT NAMED ON THE ARREST / NOTICE TO APPEAR PAGE OF THIS DOCUMENT CAME BEFORE ME FOR ADVISORY AND SOLVENCY HEARING ON THE _____ DAY OF _____, 20____ AT _____ AM/PM, AND WAS ADVISED BY ME OF THE CHARGE AGAINST HIM, HIS RIGHT TO REMAIN SILENT, THAT ANY STATEMENT BY HIM MAY BE USED AGAINST HIM, HIS RIGHT TO COUNSEL, AND, IF HE IS FINANCIALLY UNABLE TO AFFORD COUNSEL, THAT COUNSEL FORTHWITH WILL BE APPOINTED; OF HIS RIGHT TO COMMUNICATE WITH HIS COUNSEL, FAMILY OR FRIENDS, AND THAT REASONABLE IMPLEMENTATION WILL BE AFFORDED HIM TO CONTACT THE FOREGOING.</p> <p style="text-align: center;">I FURTHER CERTIFY THAT:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> DEFENDANT HAS ADVISED THE COURT THAT HE HAS RETAINED COUNSEL, OR WILL RETAIN COUNSEL. <input type="checkbox"/> THE COURT INVESTIGATED DEFENDANT'S SOLVENCY AND FOUND THE DEFENDANT SOLVENT AND FINANCIALLY ABLE TO SECURE COUNSEL. <input type="checkbox"/> THE COURT INVESTIGATED DEFENDANT'S SOLVENCY AND APPOINTED THE PUBLIC DEFENDER TO REPRESENT DEFENDANT. </div> <div style="width: 48%;"> <input type="checkbox"/> THE DEFENDANT WAIVED THE RIGHT TO COUNSEL AT THE FIRST APPEARANCE ONLY <input type="checkbox"/> THE COURT REVIEWED THIS ADVISORY AND FINDS THERE IS THERE IS NOT PROBABLE CAUSE TO HOLD AND BIND OVER THE DEFENDANT FOR TRIAL. <input type="checkbox"/> THE PROBABLE CAUSE DETERMINATION IS HEREBY PASSED 72 HOURS. <input type="checkbox"/> ORDER OF NO IMPRISONMENT (ONI). </div> </div> <p>BOND ACTION TAKEN, IF ANY _____ JUDGE: _____</p> <p><input type="checkbox"/> I HAVING BEEN FOUND SOLVENT AND FINANCIALLY ABLE TO SECURE COUNSEL, HEREBY WAIVE COUNSEL UNTIL MY ATTORNEY FILES AN APPEARANCE IN THIS CASE OR UNTIL I FILE A WRITTEN REQUEST FOR A REVIEW OF MY SOLVENCY AND ABILITY TO SECURE COUNSEL.</p> <p><input type="checkbox"/> I HEREBY WAIVE THE RIGHT TO COUNSEL AT THE FIRST APPEARANCE ONLY. DEFENDANT'S SIGNATURE _____</p> <p><input type="checkbox"/> I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THE FOREGOING COMPLAINT AND ADVISORY.</p> <p>DEFENDANT'S SIGNATURE: _____ DEFENDANT'S ATTORNEY'S SIGNATURE: _____</p>							
WAIVER	I HAVE BEEN ADVISED OF MY RIGHT TO A PRELIMINARY HEARING IN CASE NUMBER(S) _____ IN WHICH I AM THE DEFENDANT, AND I DESIRE TO WAIVE AND DO HEREBY WAIVE MY RIGHT TO SUCH PRELIMINARY HEARING CONCERNING ALL OF THE CHARGES AGAINST ME IN SAID CASE(S).						
	DEFENDANT'S SIGNATURE: _____						
FIRST APPEARANCE	CASE NUMBER _____ ARRAIGNMENT, JUDGMENT, SENTENCE, AND ORDER						
	SAID DEFENDANT WAS ARRAIGNED FOR TRIAL ON _____ AND ENTERED A PLEA OF _____ GUILTY TO THE CHARGE AS SET FORTH HEREIN.						
	AFTER HEARING THE EVIDENCE AND DULY CONSIDERING THE SAME, THE COURT FINDS YOU THE DEFENDANT, _____ GUILTY OF SAID CHARGE, AND IT IS ORDERED AND ADJUDGED THAT YOU, THE DEFENDANT, ARE _____ GUILTY AS CHARGED OF SAID OFFENSE AS SET FORTH HEREIN.						
	IT IS, THEREFORE, THE JUDGMENT ORDER, AND SENTENCE OF THE COURT THAT YOU, THE DEFENDANT, BE IMPRISONED IN THE COUNTY JAIL OF _____						
	COUNTY FLORIDA, FOR THE TERM OF _____ DAYS, AND PAY A FINE OF \$ _____ AND \$ _____ THE COST HEREIN; AND IN DEFAULT OF SUCH PAYMENT THAT YOU THE DEFENDANT, STAND COMMITTED TO THE COUNTY OF _____ COUNTY, FLORIDA, FOR A TERM OF _____ DAYS.						
	DONE, ORDERED, AND ADJUDGED IN OPEN COURT AT _____ COUNTY, FLORIDA, ON _____						
	JUDGE _____, COUNTY COURT IN AND FOR _____ COUNTY, FLORIDA.						
ACTION / OTHER ORDERS	CHARGE	ACTION				DATE	

BOND AMOUNT \$ 5000.00 CASH / SURETY: RECEIPT NUMBER _____							
ESTREATED BY (JUDGE): _____ DATE: _____							

DEFENDANT NAME: Robinson, Teresa Ann Ms

DATE OF ARREST: 12/3/2014

CLERK CASE: 14CF019424

IMPORTANT - FILL IN COMPLETELY (IF APPLICABLE)**DATE AND TIME FOR FELONY FILING CONFERENCE**M T W TH F
(Circle One)☐ A.M. ☐ P.M.
(Check One)**REASON / SHIFT ASSIGNMENT** _____**LOCATION** _____ **A.S.A.** _____ **APPROVED** _____**Schedule of Witnesses and Evidence** (or copy appropriate pages of Offense Report)**FILL OUT IN AS MUCH DETAIL AS POSSIBLE**

Evidence / Chain of Custody _____

Arresting Officer (Lead) _____

Arresting Officer(s) _____

WITNESSES (or copy appropriate pages of Offense Report)☒ VICTIM☐ WITNESS☐ OWNER

Name (Last) (First) (Middle) Race Sex Date of Birth

CONFIDENTIAL

Home Address (Street, Apt. Number) (City) (State) (Zip) (Phone)

CONFIDENTIAL

Business (Name & Address) (City) (State) (Zip) (Phone)

ADDRESS SOURCE

- ☐
- Verbal
-
- ☐
- Driver's License
-
- ☐
- Voter's ID
-
- ☒
- Other _____

Victim of crime.

Synopsis of Testimony _____

☐ VICTIM☐ WITNESS☐ OWNER

Name (Last) (First) (Middle) Race Sex Date of Birth

Home Address (Street, Apt. Number) (City) (State) (Zip) (Phone)

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Synopsis of Testimony _____

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Synopsis of Testimony _____